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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712455

1. Corporation Name

CURSILLOS DE CRISTIANDAD

Principal Place of Business

16250 SW 112TH AVE  
P. O. BOX 652307  
MIAMI FL 33265-9307

Mailing Address

16250 SW 112TH AVE  
P. O. BOX 652307  
MIAMI FL 33265-9307



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/21/1967

4. FEI Number

59-0865839

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CAMPA, MANUEL J.  
6336 S.W. 33 ST.  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  DELETE  
NAME DE VARONA, EDUARDO  
STREET ADDRESS 9035 SW 17TH TERRACE  
CITY-ST-ZIP MIAMI FL 33165

TITLE DP  DELETE  
NAME RAMIREZ, LUIS  
STREET ADDRESS 6525 SW 93 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE TD  DELETE  
NAME LUEGE, PAULINO  
STREET ADDRESS 5290 SW 5 ST  
CITY-ST-ZIP MIAMI FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DP  Change  Addition  
2.2 NAME ROBERTO ACOSTA  
2.3 STREET ADDRESS 157 NAVAJO ST.  
2.4 CITY-ST-ZIP MIAMI SPRINGS, FL 33166

3.1 TITLE TD  Change  Addition  
3.2 NAME JOSE L. MASQUE  
3.3 STREET ADDRESS 11750 S.W. 18 ST. APT. 421  
3.4 CITY-ST-ZIP MIAMI, FL 33175

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACOSTA 04-20-99

(305) 883-6634

Date

Daytime Phone #

CR2E037\_ (1/98)